Complaints Record Form

(To be completed by the person receiving the complaint)

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<u>Information to be given to the Person making the Complaint:</u>

- Reassure the carer/ carer recipient/ advocate that all complaints are treated confidentially and that they will not experience any loss of support or service because they have made a complaint.
- Explain the complaints procedure.
- Remind the carer/ care recipient that they have the right to use an advocate of their choice and refer them to appropriate consumer advocacy services.
- Thank the person for their complaint and explain that complaints are valuable in assisting to maintain and improve services provided by the I llawarra carer respite Centre.

Name of Complainant:
Address:
Dhone number.
Phone number:
Detail of Complaint:
<u>Comments:</u>
Comments.
Action to be Taken
Action to be Taken:
Written Feedback to be Given by: (within 7 days)
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Outcome:	
Signed: (Coordinator)	Date:
If outcome unsatisfactory, referred on to	<u>-</u>
Name:	. <u>Date:</u>
Organisation:	
Follow up Required and by Whom:	
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If further referral required, response req	uired by:
Person referred to:	Contact no:
Position and Organisation:	
Outcome:	
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Follow up required:	
Signed: Position	n: Date:

<u>Carer's Details:</u>
Name:
Address:
Phone Number:
Relationship to Complainant:
Person being cared for details:
Name:
Address:
Phone Number:
Relationship to Complainant:
Advocate's Details:
Name:
Address:
Phone Number:
Advocate's Relationship to Complainant: